

Book Reviews

The Royal Victoria Hospital Belfast. A History 1797-1997. Richard Clarke. Belfast: the Blackstaff Press, 1997. pp. xv and 304. ISBN 0 85640 601-5. Price £20.

This has been a vintage decade for commemorating Irish teaching hospitals. In Dublin alone seven general, and three specialist ones, have attracted histories, six of the former on their down-town closure and move to the Beaumont, Tallaght or St. James's complexes: only Sir Patrick Dun's has failed to find a chronicler. It is now Belfast's turn and this sensibly planned, beautifully produced, handsomely illustrated, and well-written volume marking the Royal's bicentenary is a superb memorial to what is, by any standards, one of the premier hospitals in these islands. There have been previous histories – by A. G. Malcolm (up to 1850), Sydney Allison (1850-1903), and the almanac approach of Robert Marshall (1903-1953), and numerous other publications on specific events, facilities, personnel and personalities, but this is the first attempt to 'tell the story' of the hospital over the whole two hundred years albeit in one volume.

Several factors have ensured its success. The book is beautifully produced. Richard Clarke is a gifted narrator trawling expertly through a welter of facts to select those essential to the story so that the narrative never lacks pace, clarity and focus yet preserves essential scope – remarkable given the wealth of source material. I have never, for example, seen the early period (1797-1850) described so lucidly and coherently, if necessarily briefly in only some 9,000 words. Only in the post-1948 period does the mushroom growth of facilities and personnel force the author, in describing the trees, to neglect something of the forest. Professor Clarke has a wide knowledge of and feel for the swing of local and medical history and this adds sensitivity and authority to the text and adds skilfully the dimensions of the external social, economic, demographic, medical and political factors which were so important as being the waters in which the hospital developed and swam. There are few digressive *cul-de-sacs* and only one (highly appropriate) foot-note to distract and detract from the main thrust of the narrative. It is necessarily less detailed and comprehensive than Allison's history (1850-1903) but it is better ordered and cohesive and freer from errors. The numerous illustrations are well-chosen, of high quality, and add value to the text.

The format of the book is well-conceived. The chapters are sequenced chronologically, and contain sections describing the physical plant, specialties, personnel, personalities, medical developments etc, with little overlap and then adequately cross-referenced, the whole ensuring precision and clarity. There are valuable appendices including a 30-page chronological list of all consulting staff from 1797 ('visiting' and/or 'attending' staff up to 1948) giving dates of death (and of birth of deceased) where known, of appointment to and leaving the staff, and of the specially practiced. Authorities consulted are listed but not referenced in the text: this may offend the scrupulous scholar but it lubricates the narrative. There is an adequate, name-based, index.

The author treats personalities sympathetically though not hagiologically – a charitable medical tradition especially

prudent when many of those mentioned are living colleagues! Despite the plethora of facts conducive to inevitable errors I detected only one typographical one ('1914' instead of '1941' on page 160) and several of fact, most being unimportant. Thus, for example, Henry McCormac was appointed to the combined chair of physic at RBAI in 1837 not 1836, and was president of the faculty of medicine in 1840 and 1846, not 1840-1845 (p. 18); J. L. Drummond held two chairs in 1835-6, not 'three', since 'anatomy and medical physiology' was one chair, botany being the other (p. 21); it was The Queen's University *in* (not *of*) Ireland (p. 75); the 'appointed day' for the NHS 5th July 1948, not 'June' (p. 138); Sir James Black's honorary degree from Queen's is DSc and not MD (p. 151); it is the University of Michigan (which is at Ann Arbor) and not 'Ann Arbor University, Michigan' (p. 156); and – a gem for the pedant – the 'fenced-off area with waitress service' in the restaurant below wards 6 and 7 was not 'for senior staff' but was unrestricted! (p. 143). Other readers may find other errors but the paucity and triviality of those above speaks eloquently for the author's general attention to accuracy.

Professor Clarke and his publishers have produced a splendid memorial to a splendid hospital, a readable history not a dry chronicle and junk-house of indigestible facts still less the 'coffee table' book which its handsome appearance and lavish illustrations might at first suggest. Everyone interested in Ulster medicine and the Royal should have this volume on their bookshelves.

P FROGATT

Clinical Investigations in Gastroenterology. Second Edition. Malcolm Bateson and Ian Bouchier. Kluwer Academic Publishers. ISBN 0 7923 4391 3.

This small book sets out to review tests in gastroenterology. Reflecting current pre-occupations, the first chapter is devoted entirely to *Helicobacter pylori* and is right up to date, including details of how proton pump inhibitors mess up diagnostic techniques; an important consideration for a medical culture which tackles even trivial dyspepsia by prescribing sledgehammer therapy first and asking questions later.

The rest of the book is laid out partly by organ system and partly by important clinical entities like gastrointestinal bleeding and malabsorption. Endoscopy is prominent, and it is refreshing on the threshold of the 21st century to find a text which does not perpetuate the notion that the patient with dysphagia always needs a barium meal before an experienced endoscopist is called. On the other hand, a statement that colonoscopy reaches the caecum in "70% or more of examinations" would not impress those defining minimum standards for our cancer centres. There is a useful appendix covering antibiotic prophylaxis.

Most of the book's content, however, describes tests aimed at parts the endoscope doesn't reach. The all-inclusiveness is at times breathtaking: included are procedures that many of us will have last heard of when, fortified with flasks, shooting sticks and binoculars, we joined hundreds of other students on those heady teaching ward rounds of the 1970s. Pentagastrin stimulation, bromsulphthalein retention, and indocyanine green clearance tests all have detailed protocols listed. Turning to investigations with day to day application, sections on vital hepatitis and stool examination are concise and clear. There

is an excellent chapter on pancreatic function tests which we possibly don't do enough of. Northern Ireland clinicians, who have excellent immunology and gastrointestinal hormone backup, might have liked more detail on the antibody tests for coeliac disease and their limitations and on fasting gastrin, which is probably as useful and a lot less bother than a Schilling test for diagnosis of pernicious anaemia.

This book is probably not selective enough for use by trainees as a day to day text, but as a small, easy-to-read reference source it has few competitors. Kept on wards and gastroenterology units, it can be used to determine not only how to do a more esoteric test but also whether it is worth doing. With it to hand, one of the basic tenets of informed consent – that the doctor should know a bit more about the procedure than the patient – will surely be facilitated.

WILLIAM DICKEY

Gastrointestinal Emergencies 2nd Ed, Edit Mark B Taylor
Williams & Wilkins Baltimore. Price £120.

This book aims to comprehensively deal with all possible emergencies involving the gastrointestinal tract. Each chapter is written by different contributors, most with multiple authors, who are renowned in their field. All but 3 of the 119 contributors are from North America.

At 1064 pages it is clearly not a convenient handbook for ready consultation in the event of an emergency.

It is an impressive textbook, which covers the whole range of emergency situations. It covers surgical as well as medical emergencies. Arguably some topics are included which do not immediately spring to mind as emergencies e.g. space-occupying lesions of the liver, ascites and non cardiac chest pain. Some topics which usually merit little mention, such as Boerhaave's syndrome (oesophageal perforation associated with vomiting) and typhilitis (bowel infarction of obscure origin in neutropenic patients) are well described. The chapter on foreign bodies of the upper oesophagus is particularly well covered. Each topic is considered in detail, often with helpful practical points, and management is described well beyond the immediate emergency episode.

My criticism of this book is not so much the content but its format – it looks and feels too much like a traditional standard textbook. The formulation of management guidelines for acute emergencies, including gastrointestinal ones, is indeed of great current interest. Various bodies including the American Gastroenterology Association and British Society of Gastroenterology are engaged in producing guidelines for acute situations. These groups have applied the techniques of evidence based medicine so that "the strength of evidence" for any action is systematically documented. In this book the authors have reviewed the literature but without the same rigour. This resulted in two different sets of authors expressing different viewpoints in relation to the benefits of emergency ERCP in suspected acute gallstone pancreatitis. While this demonstrates that the issue is controversial it would have been more helpful to the reader to have a single "evidence based" assessment of the literature.

In situations where there was general agreement between groups of authors, such as the management of acute non variceal upper gastrointestinal haemorrhage, repetition of

some points in different chapters was tedious. This topic was divided into 5 chapters, each with a different aspect but inevitably with some overlap. The section required at least better editorial control and might have been simplified and improved if the whole topic had been written by a single set of authors.

This textbook in common with all textbooks will suffer from becoming out dated very quickly. The same resource on computer that could be rapidly updated seems more appropriate.

PETER WATSON

Complications Colon & Rectal Surgery by Hicks. Williams & Wilkins Europe Ltd. £90.

The concept of a comprehensive guide to the prevention, recognition and treatment of complications of colorectal surgery is an attractive proposition. However, this is a disappointing attempt to fill this niche.

As with many multi-author texts, the book lacks consistency of style. Some of the chapters, (particularly "urological complications") fail to address the question of causation and prevention at all. It would have been appropriate to deal with pelvic neural anatomy, where modern understanding of the autonomic nerve pathways has aided surgeons in reducing the incidence of nerve injury. The chapter on "miscellaneous conditions" seems to have little to do with surgical complications at all.

The authors ignore much of the European literature and fail to discuss some contentious issues. For example, the chapter on sepsis concentrates inappropriately on intraluminal antibiotic prophylaxis and ignores the widespread use of antibiotic lavage.

Many of the authors make dogmatic claims, not substantiated by published evidence. While most surgeons prefer mechanical bowel preparation, in fact several studies suggest that it is unnecessary. This literature is again ignored completely.

I found it difficult to cope with the American style ("distalmost", "extirpative operations"). Certainly in the United Kingdom Urologists would not agree that "the most common reason for intra-operative call to the operating room is to place a urethral catheter".

I cannot recommend this book to surgeons. It is readable and I quite enjoyed delving in to the occasional chapter, particularly that on anal stenosis. However, if you are looking for guidance on the prevention and treatment of complications in colorectal surgery, regrettably first hand experience in a busy colorectal unit remains your best option.

S T IRWIN

The Transplantation and Replacement of Thoracic Organs
– The present status of biological and mechanical replacement of the heart and lungs. Edited by D K C Cooper, L W Miller and G A Patterson. Kluwer Academic Publishers, London ISBN 0 7923 8898 4. £235.

Few books become "the reference" textbook in their first edition. David Cooper has brought together the wealth of